Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

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OMB NO.: 0938-

STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT

State: UTAH

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency* Citation(s)

Groups Covered

The following groups are covered under this plan.

- *Title IV Agency A. <u>Mandatory Coverage Categorically Needy and Other Required Special Groups</u>
 - 42 CFR 435.110 1. Recipients of AFDC

The approved State AFDC plan includes:

- /X/ Families with an unemployed parent for the mandatory 6-month period and an optional extension of 1 months.
- /X/ Pregnant women with no other eligible children.
- AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of <u>ATTACHMENT 2.6-A</u>.

- 42 CFR 435.115 2. Deemed Recipients of AFDC
 - a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

*Agency that determines eligibility for coverage. Unless otherwise noted, eligibility is determined by the Office of Family Support, Department of Human Services (state Title IV agency), for all subparts of ATTACHMENT 2.2-A(A).

T.N. # 93-011Supersedes 92-009 Approval Date 41293 Effective Date 1193

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State:	UTAH	
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Agency* Citation(s)

Groups Covered

- A. <u>Mandatory Coverage Categorically Needy and Other</u> <u>Required Special Groups</u> (Continued)
 - 2. Deemed Recipients of AFDC.

1902(a)(10)(A)(i)(I) of the Act b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

402(a)(22)(A) of the Act c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.

406(h) and 1902(a)(10)(A) (i)(I) of the Act d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of the Act e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

TN No.	92-01	Approval Date	_ <u>م</u> ا	<i>\</i> 11	92	Effective	Date _	1	1	92
	edes 91-21			1	7				1	,
TN No.	91-21					HCFA ID:	7983E	:		

^{*}Agency that determines eligibility for coverage.

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Agency*

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tate: UTAH

Citation(s)

Groups Covered

A. <u>Mandatory Coverage - Categorically Needy and Other</u> <u>Required Special Groups</u> (Continued)

407(b), 1902 (a)(10)(A)(i) and 1905(m)(1) of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

1902(a)(52) and 1925 of the Act 4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

TN No. 92-009 Approval Date 5692 Effective Date 4192
Supersedes
TN No. 91-21 HCFA ID: 7983E

^{*}Agency that determines eligibility for coverage.

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	State:			UTAH			
Agency*	Citation(s)			Group	s Covered		
	Α.	Mandato Require	ory C	overage - Cate	gorically Needy an	d Other	
42 CFR 43	5.113	beca	ause cific	of eligibility	eligible for AFDC requirements that d under Medicaid.	are	
					C solely because o be available from		
		((1)	Stepparents who support of stepparent applications	no are not legally epchildren under a cability;	liable for State law of	
		((2)	Grandparents;			
		((3)	Legal guardia	ns; and		
		((4)	Individual alsopouses of the individual's p	ien sponsors (who e individual or the parent);	are not e	
		į	invol	untary inclusio	C solely because o on of siblings who eir own in the fil	have income	
		t	trans		C because the fami arce without receiv		
*Agency th	nat determine	s eligi	bili	ty for coverage	·••		
	11-21 App	roval D	ate .	12/16/91	Effective Date	10/1/91	
Supersedes	7-41			• (HCFA ID: 7983E	, ,	

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	State		UTAH	
Agency*	Citation(s)		Groups Cov	vered
	A. <u>M</u>	ndatory Covequired Spec	rerage - Categorica vial Groups (Contin	ally Needy and Other nued)
42 CFR	435.114 6	the incre (July 1,	ase in OASDI benef 1972), who were en who were receivin	igible for AFDC except for fits under Pub. L. 92-336 stitled to OASDI in August ag cash assistance in
		fo: Au	r cash assistance	would have been eligible but had not applied in oup was included in this plan).
		fo: med fac	r cash assistance : dical institution (would have been eligible in August 1972 if not in a or intermediate care was included in this plan).
		ca		respect to intermediate te did or does not cover
1902 (a) (10		Qualified	Pregnant Women an	d Children.
(A) (i) (III and 1905 (n the Act			gnant woman whose ally verified who-	pregnancy has been -
		:		for an AFDC cash payment een born and was living
*Agency th	at determine	; eligibilit	y for coverage.	

TN No. 92-01 Approval Date 21192 Effective Date 1192
Supersedes
TN No. 91-21 HCFA ID: 7983E

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ATTACHMENT 2.2-A

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ST	TATE PLA	N UNDE	ER T	ITLE	XIX OF THE SOCIAL SECURITY ACT
St	ate:			ָטי.	ГАН
	cov	ERAGE	AND	CON	DITIONS OF ELIGIBILITY
Citation(s)		****			Groups Covered
	Α.	<u>Man</u> Req	dato uire	ry C d Sp	overage - Categorically Needy and Other ecial Groups (Continued)
		7.	a.	(2)	Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
				(3)	Would be eligible for an AFDC cash paymen on the basis of the income and resource requirements of the State's approved AFDC plan.
1902(a)(10)(A) (i)(III) and 1905(n) of the Act			b.		Children born after September 30, 1983 wh are under age 19 and who would be eligibl for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
		-	X		Children born after June 30, 1977 who are under age 19 and who would be eligible fo an AFDC cash payment on the basis of the income and resource requirements if the State's approved AFDC plan.

TN No. 95-015Supersedes
TN No. 94-132Approval Date 1118195Effective Date 07101195

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State.

1902(a)(10)(A)

1902(1)(1)(C)

1902(a)(10)(A)(i)

(VII) and 1902(1)

(1)(D) of the Act

of the Act

(i)(VI)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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	·	VACU.
	COVERAGE	AND CONDITIONS OF ELIGIBILITY
Citation(s)		Groups Covered
	Α.	Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
1902(a)(10)(A) (i)(IV) and 1902(1)(1)(A) and (B) of the Act		8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for

ATTACHMENT 2.6-A.

The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

this group is specified in Supplement 1 to

9. Children:

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in

Supplement 1 to ATTACHMENT 2.6A.

Revision: HCFA-PM-92-1

FEBRUARY 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

(MB)

State:				UTAH
	COVERAGE	DIA 3	CONI	DITIONS OF ELIGIBILITY
Citation(s)				Groups Covered
	Α.	Man Req	dato: uire	ry Coverage - Categorically Needy and Other d Special Groups (Continued)
1902(a)(10) (A)(i)(V) and 1905(m) of the Act		10.	and mem AFD had 407	ividuals other than qualified pregnant women children under item A.7. above who are bers of a family that would be receiving C under section 407 of the Act if the State not exercised the option under section (b)(2)(B)(i) of the Act to limit the number of ths for which a family may receive AFDC.
1902(e)(5) of the Act		11.	a.	A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.
1902(e)(6) of the Act			b.	A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

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· STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:			UTAH		
		COVERAGE	AND	CONDITIONS	OF	ELIGIBILITY
Citation(s)				•	Gr	oups Covered
				······································		

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(e)(4) of the Act

- 12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.
- 42 CFR 435,120 13. Aged, Blind and Disabled Individuals Receiving Cash Assistance
 - X a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

X Aged X Blind X Disabled

5 20 92 Effective Date Approval Date

Supersedes TN No.

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	State:		UTAH	OMB NO.: 0938-
Agency*	Citation(s)		Group	s Covered
	Α.	Mandatory (<u> Coverage - Cate</u> pecial Groups (gorically Needy and Other Continued)
435.12 1619(t	o)(1)	13. <u>/</u> / b	requirements requirements. qualify for be of the Act or SSI status under the Act and who me	ho meet more restrictive for Medicaid than the SSI (This includes persons who enefits under section 1619(a) who meet the requirements for der section 1619(b)(1) of the et the State's more
of the	e Act		month before SSI under sec requirements Act. Medicaic individuals continue to me	equirements for Medicaid in the the month they qualified for tion 1619(a) or met the under section 1619(b)(1) of the d eligibility for these ontinues as long as they eet the 1619(a) eligibility he requirements of section e Act.)
			Aged Blind Disabled	
				rictive categorical eligibility described below:
				•
			ancial criteria CHMENT 2.6-A).	are described in
*Agency th	at determine	es eligibili	ity for coverage	e.
Supersedes		proval Date	15/11/91	Effective Date 10 1 9 1 HCFA ID: 7983E